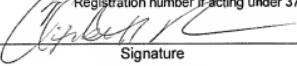


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> <b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional) <b>N9810.0026/P026</b>
Application Number	10/671,708-Conf. #9259	Filed September 29, 2003
For <b>BUCCAL, POLAR AND NON-POLAR SPRAY CONTAINING TESTOSTERONE</b>		
Art Unit	1616	Examiner M. Haghigheian
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	<b>Fee</b> <b>\$120</b>	<b>Small Entity Fee</b> <b>\$60</b> <b>\$ 60.00</b>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	<b>\$460</b>	<b>\$230</b> <b>\$ _____</b>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	<b>\$1050</b>	<b>\$525</b> <b>\$ _____</b>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	<b>\$1640</b>	<b>\$820</b> <b>\$ _____</b>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	<b>\$2230</b>	<b>\$1115</b> <b>\$ _____</b>
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>04-1073</b>		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <b>52,499</b> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
 Signature		October 30, 2007 Date
Elizabeth Parsons Typed or printed name		(202) 420-2611 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <b>1</b> forms are submitted.		